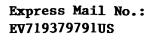
PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

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FIRST NAMED INVENTOR

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

00500

APPLICATION NO.

03/24/2006

SEED INTELLECTUAL PROPERTY LAW GROUP PLLC 701 FIFTH AVE **SUITE 6300** SEATTLE, WA 98104-7092

FILING DATE

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CONFIRMATION NO.

ATTORNEY DOCKET NO.

10/624,946 07/21/2003			Jeffery R.	Raymond	480117.	480117.407C1		
TITLE OF INVENTION: 3	-NITROGEN-6, 7-DIOXY	GEN STEROIDS	AND USES R	ELATED THERETO				
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEI	E(S) DUE	DATE DUE	7
nonprovisional	405	\$1400	\$700	\$300	ملا	00 81000	06/26/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	\neg]		
BADIO, BARBARA P		1617		514-172000				
I. Change of correspondence CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Seed IP Law Group PLLC					PLLC 		
•	D RESIDENCE DATA TO B			• • • •				
PLEASE NOTE: Unless recordation as set forth i	s an assignee is identified be n 37 CFR 3.11. Completion	clow, no assignee of this form is NO	data will appe \(a substitute 1	ear on the patent. If an as for filing an assignment.	ssignee is identified	below, the	document has been filed	for
(A) NAME OF ASSIGN	VEE		(B) RESIDE	NCE: (CITY and STATE (OR COUNTRY)			
Inflazyme	Pharmaceutical	s Ltd.	1	Richmond, Cana	ıda			
Please check the appropriat	e assignee category or catego	ries (will not be pri	inted on the pa	ntent): 🗖 Individual 🕻	Corporation or ot	her private gr	oup entity Governme	ent
_ `	e enclosed: small entity discount permitte	ed)	Payment 1	Fee(s): n the amount of the fee(s): by credit card. Form PTO- tor is hereby authorized by ccount Number191	2038 is attached.	l fee(s), or cre nclose an ext	edit any overpayment, to ra copy of this form).	
a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See	37 CFR 1.27.		ant is no longer claiming S				 88
The Director of the USPTO	is requested to apply the Issu	ie Fee and Publicat	ion Fee (if an	y) or to re-apply any previ	ously paid issue fee	to the applica	ation identified above.	- 88

Typed or printed name Carol J. Roth

Registration No.

Registration No.

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